



UTILITY SERVICES BANK DRAFT REQUEST

City of Smyrna

2800 King Street, Smyrna, GA 30080

(678) 631-5338 **Fax:** (770) 319-5334

Email: water@smyrnaga.gov

Please print

Date Requested: _____

Customer Name: _____

Best Phone #: _____

Address: _____

Smyrna Account #(s): _____

I hereby authorize the City of Smyrna to draft my utility payment from my Banking institution.

Bank Name: _____

Address: _____

Routing #: _____

Bank Account #: _____

Signature: _____

Date: _____

***Please attach a copy of a voided check when you submit this form**

***Please save a copy of this completed request for your records**